

SECTION 1

PUBLIC HEALTH AND WELFARE

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GENERAL

Disease Incidence

1. The incidence of communicable disease has not exceeded that of previous years. Outbreaks of typhus fever in Hokkaido and southern Honshu have been brought under control. Smallpox occurring in Japanese civilians in southern Honshu and contracted by a few of the occupation personnel has been abated. Other communicable diseases which have occurred in the indigenous population remained within the normal limits and have not affected military personnel.

Quarantine stations have been established at all reception centers to control the spread of typhus, smallpox and other quarantinable diseases during the movement of repatriates into and out of Japan. In addition to physical inspection, control measures include vaccination against smallpox and typhus, inoculation for typhoid and paratyphoid, and delousing by means of DDT dusting procedure. Railroad cars and boats used by Allied personnel are being treated with DDT monthly.

The focus of typhus in Japan has centered around the coal miners in Hokkaido. Institution of typhus control measures in these localities has resulted in a drop in incidence from 151 cases in the first week in November to 44 cases in the first week in December.

Nutrition

2. The problem of food receives a great deal of attention in the press although the comment is frequently without factual background.

3. Deaths of individuals who died without medical attention have been used as a basis for rumors that large numbers were dying of starvation. Post mortem examinations have been required of all such cases. Reports of these examinations have failed to reveal any deaths from starvation.



## Relief

4. The Japanese Government has been directed to submit a plan for relief measures for the first half of 1946.

## Medical Supply

5. Some of the shortage of civilian medical supplies is being alleviated by distribution to civilians from Japanese Army and Navy stocks. Part of these stocks is being held as an emergency reserve. Medical supply manufacturing has been increased slightly but is still hampered by shortages of raw materials and fuel.

## Hospitalization

6. Hospital bed occupancy continued to decline during November with 53 percent of capacity in use at the end of the month. The total number of patients reported actually decreased while the total number of beds and hospitals available for civilians increased.

7. This Headquarters directed the Japanese Government to transfer Japanese Army and Navy Hospitals to the Health Ministry. When this transfer has been completed the number of hospital beds available for civilians will be increased almost 100 percent.

## PUBLIC WELFARE

### Welfare Administration

8. Subsidy payments are made by the Ministry of Health and Social Affairs under provisions of the 1945 Japanese Government budget. These subsidies are made to private welfare and medical associations or agencies and cover a wide variety of activities. The payments constitute a large portion of the total amounts expended by government in Japan for relief and welfare services.

9. The New Japan Social Work Interim Committee (Shinippon Shakaijino Kiseidomei), which is composed of Japanese social workers among whom are graduates of social work schools and universities in the United States, has adopted a program of refresher and in-service training courses for social workers. The membership of the committee includes representatives from both public and private welfare agencies located in the Tokyo area.

## Relief

10. A memorandum for the Japanese Government on the subject of relief was issued during the month. The directive states that the relief of destitution must be undertaken directly by the Japanese Government and that SCAP will hold it responsible for the prevention of widespread hunger and distress.

Current legislation permits small payments to the aged, mothers and several other special categories of persons, but makes no provision for unemployment relief or for the general care of persons who are involuntarily dependent.

11. The Japanese Government has prepared a plan for the utilization of the Japanese Army and Navy supplies held for relief purposes. This plan was submitted in compliance with a memorandum for the Japanese Government requiring the free distribution of reserve food and clothing stocks to needy persons. The distribution of these supplies will become part of and implement the over-all relief program. The plan requires the distribution of reserve food supplies through ration channels after investigation of individual need by a local public welfare agency. Withdrawal authorizations



will be distributed gratuitously to persons whose need has been established on a family budgetary deficiency basis.

### Repatriation

12. Inspections of the reception centers and embarkation ports in Kyushu and southern Honshu revealed improved conditions relative to the feeding, housing, sanitation, organization and control of personnel movements at those localities. By 30 December 1945, a total of 620,219 Koreans, 3,464 Formosans, 30,406 Chinese and 434 Ryukyans had been repatriated from Japan. Shipping became available during this month for the first repatriation movement of Formosans and Ryukyans from Japan. The Japanese Government estimates indicate that 713,000 Koreans, 26,000 Formosans, 1,000 Chinese and 99,000 Ryukyans remain to be repatriated. The movement of repatriates from and to Japan together with its effect on the population of the country are shown in Chart No. 24.

13. Medical, housing, feeding and quarantine facilities have been established at the reception centers for repatriates entering or leaving Japan. All of these reception centers are now in operation. Repatriates coming into Japan from areas such as China, Formosa, South Sea Islands and the Philippines are being processed on debarkation. Repatriates moving from Korea are processed at the ports in Korea so that complete reprocessing is not required at Japanese reception centers for this group.

14. As of 30 December 1945, the number of Japanese military and civilian personnel repatriated to Japan was 924,584. Reports indicate that for the most part, these repatriates have been assimilated in the normal life of Japan and to date have not become an undue relief burden despite the fact they are permitted to bring only limited funds with them on returning to Japan. The Japanese Government has submitted revised figures on the number of Japanese nationals in various areas. These data together with status of repatriation to Japan are shown on Map No. 25.

### Foreign Nationals

15. A memorandum was issued directing that the Japanese Government provide care for all resident nationals of countries which were at war with the United Nations who are unable to purchase rationed foodstuffs and other items by reason of blocked money accounts.

### ADMINISTRATION OF HOSPITALS

16. Weekly Japanese civilian hospital strength reports received from the Ministry of Health and Social Affairs show the total number of hospital patients to have decreased during the eight weeks ending 30 November despite the fact the number of hospitals reporting had increased. The average number of out-patients remained practically unchanged. Complete reports for the periods indicated are shown in the following table:



# JAPANESE CIVILIAN HOSPITAL WEEKLY STRENGTH REPORTS

<u>Period</u>	<u>No. of Hosp</u>	<u>Capacity</u>	<u>Number of Patients</u>		
			<u>In-Patients</u>	<u>Out-Patients</u>	<u>Total</u>
12 Oct	2,504	126,441	77,463	225,005	302,468
19 Oct	2,504	122,532	76,754	244,780	321,534
26 Oct	2,598	131,747	77,091	229,472	306,563
2 Nov	2,595	133,448	76,078	237,240	313,318
9 Nov	2,598	136,845	75,956	235,281	311,237
16 Nov	2,614	138,577	74,728	228,086	302,814
23 Nov	2,634	139,409	73,369	201,780	275,419
30 Nov	2,630	142,926	72,869	231,269	304,138

(See Chart No. 26)

17. The Japanese Government was directed to transfer all Japanese Army and Navy Hospitals to the Ministry of Health and Welfare for operation as civilian institutions open for the treatment of all categories of civilians. Of the 292 hospitals involved, 234 with a bed capacity of 125,825 were army installations while 58 with a bed capacity of 30,900 belonged to the navy. An estimated 70,000 army and 30,000 navy patients in these hospitals are now being treated as civilians. This has resulted in a marked increase in hospital beds available to civilians.

## VETERINARY AFFAIRS

### Animal Industry

18. The Ministry of Agriculture and Forestry estimated the 1945 livestock population to be: dairy cattle 246,000; other cattle 2,072,000; horses 1,254,000; sheep 181,000; goats 253,000; swine 250,000; chickens 17,204,000; and rabbits 3,000,000. Compared with 1944 census figures this represents an increase of 63,000 horses and a decrease of 60,000 swine, 85,000 cattle and 5,679,000 poultry.

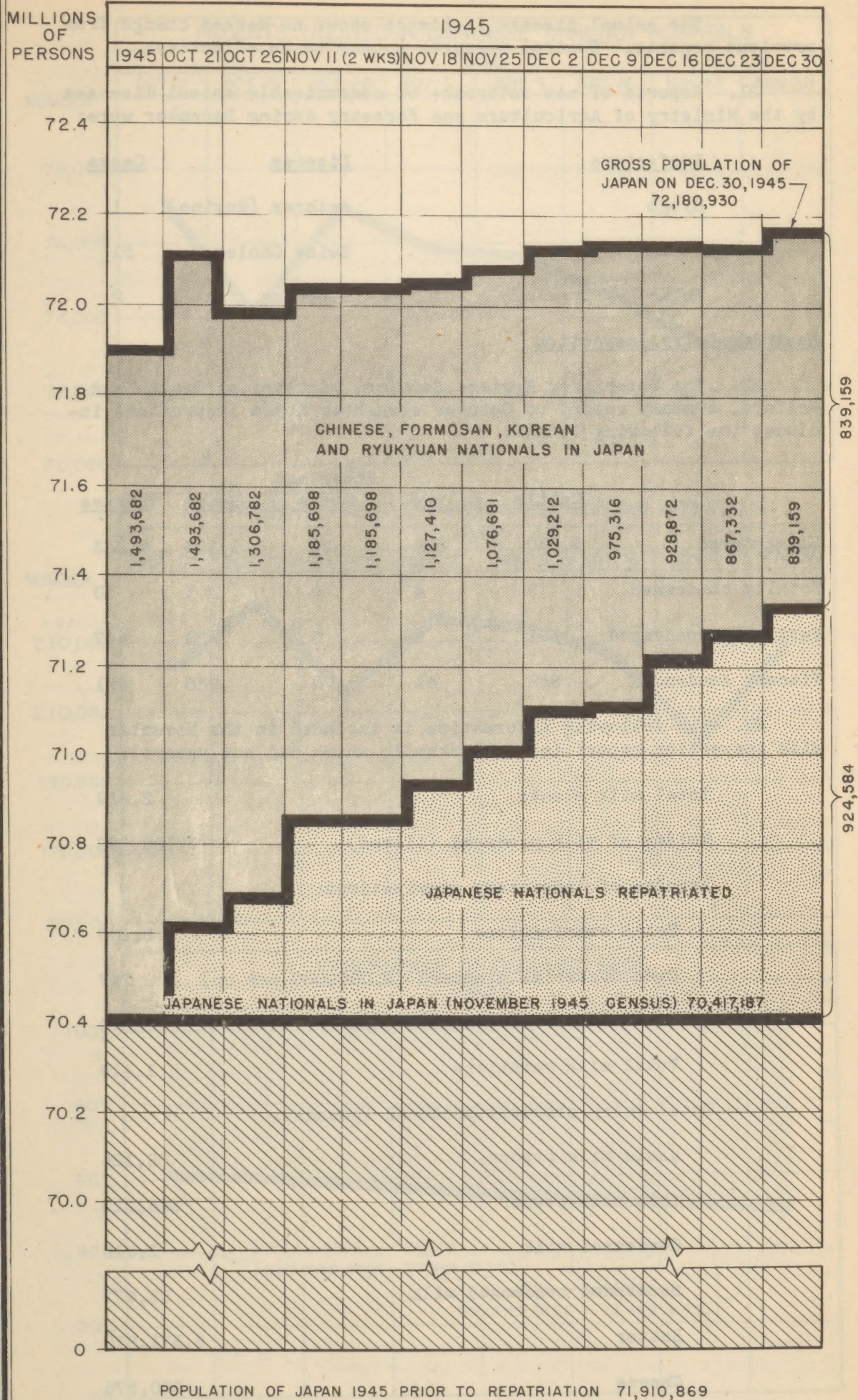
19. A report of horse breeding operations in Japan shows 1,864 stallions located on 21 government horse farms and 4,141 stallions in the hands of private owners. Government institutions for horse breeding include two stallion breeding farms which have 259 brood mares, two stallion training farms, 17 stallion depots, one stallion depot agency and one horse improvement institute. Four percent of the stallions are of Thoroughbred, Percheron or Arab strains while the remainder are Anglo-Norman, Hackney and native horse mixtures.

### Animal Disease Control

20. The Ministry of Agriculture and Forestry's summary of animal disease report for November included the following:

<u>Disease</u>	<u>Outbreaks</u>	<u>Cases</u>
Blackleg	1	1
Infectious abortion	5	21
Texas Fever	2	23
Anthrax	1	1
Swine Plague	1	10
White Diarrhea, chickens	14	3,660





# THE EFFECT OF REPATRIATION UPON THE POPULATION OF JAPAN



The animal disease incidence shows no marked change from previous reports. Control measures appear to be effective.

21. Reports of new outbreaks of communicable animal diseases by the Ministry of Agriculture and Forestry during December were:

<u>Prefecture</u>	<u>Disease</u>	<u>Cases</u>
Hyogo	Anthrax (bovine)	1
Osaka	Swine Cholera	51
Ehime	Blackleg	2

#### Meat And Dairy Inspection

22. The Veterinary Hygiene Section, Ministry of Health and Welfare, summary report of October slaughter house inspections includes the following totals:

	<u>Cattle</u>	<u>Calves</u>	<u>Sheep and Goats</u>	<u>Swine</u>	<u>Horses</u>
Slaughtered	5,030	894	24	1,203	6,343
Totally condemned	9	4	0	1	10
Partially condemned	191	9	0	20	447
Viscera condemned	858	41	0	235	491

23. The following information is included in the November milk inspection report (except Hokkaido which did not report):

Total milk plants 2,859

Volume of milk produced (liters) 6,188,098

Results of laboratory examinations:

Total examinations 5,606

Over bacterial standard (2,000,000 per cc) 747

Under butterfat standard (3%) 870

Total milk retailers 1,419

Total dairy products produced (pounds):

Whole milk powder 58,126

Skim milk powder 566,213

Condensed milk 1,516

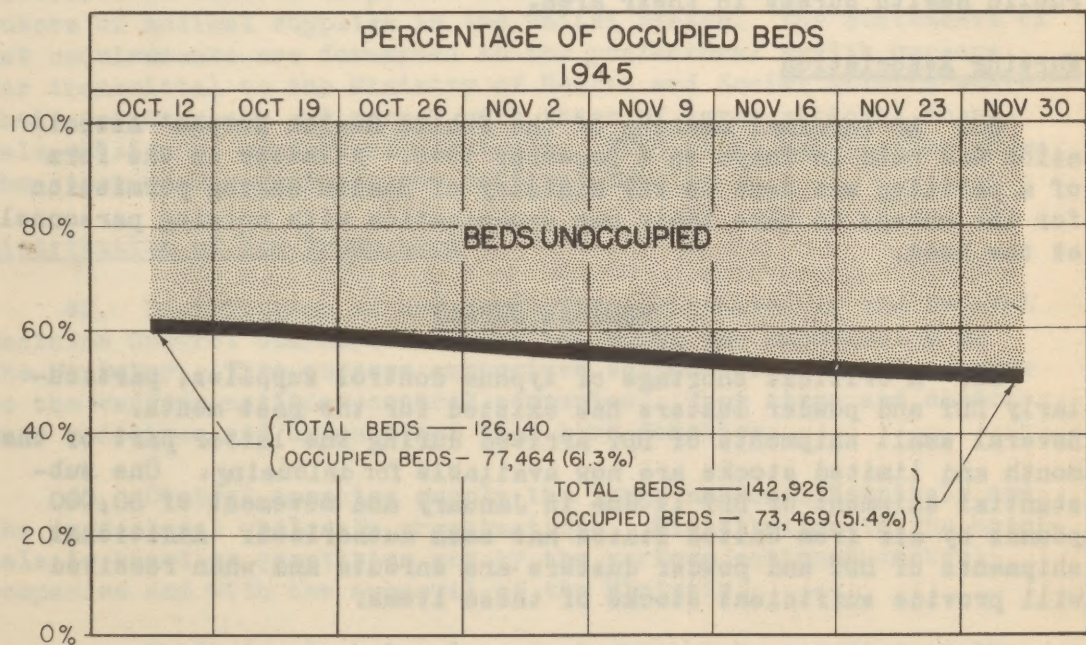
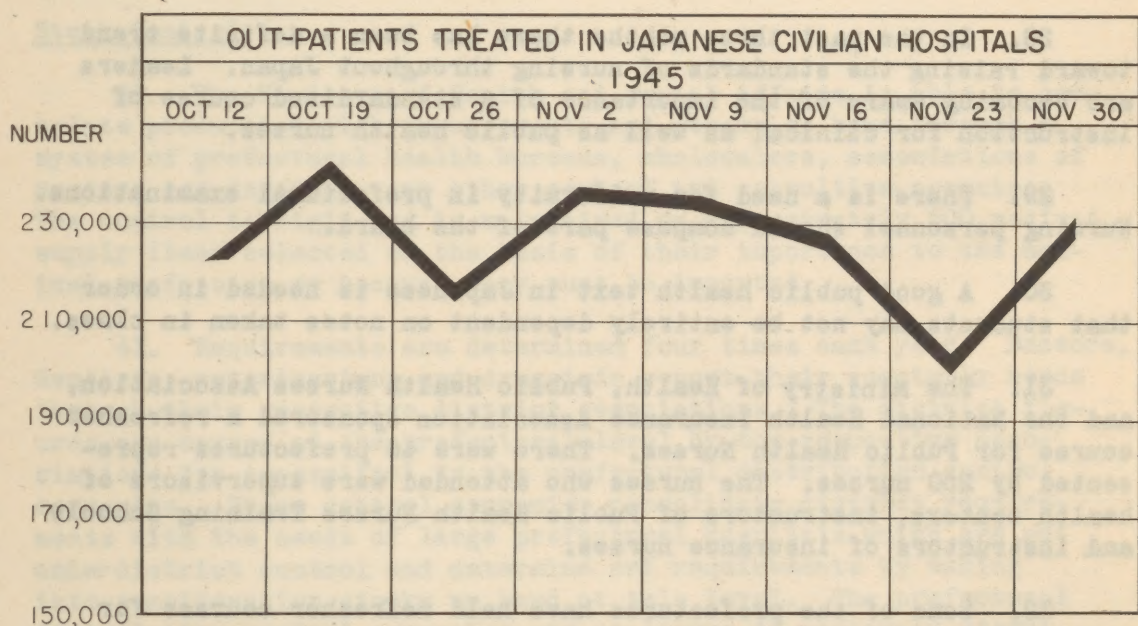
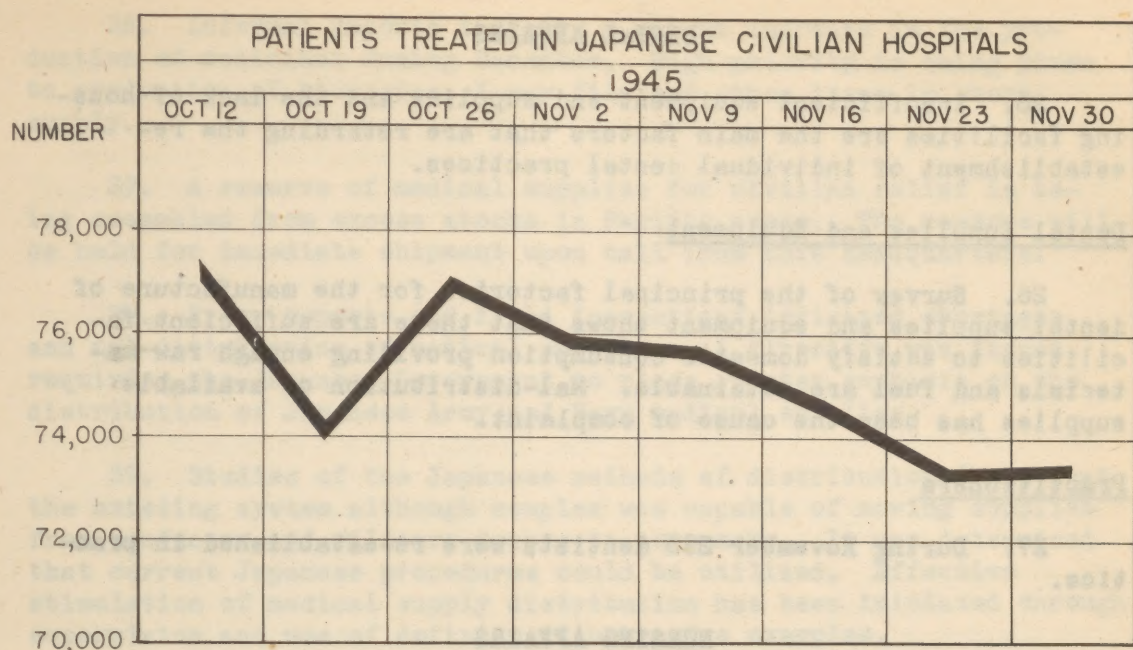
Sweetened condensed milk 88,477

Butter 6,371,870

Cheese 600,576

24. Inspection indicates a concerted effort on the part of the Ministries of Public Health and Welfare and Agriculture and Forestry to re-establish an effective veterinary service.





# HOSPITAL PATIENTS

(IN CIVILIAN HOSPITALS—JAPAN)



## DENTAL AFFAIRS

25. Insufficient equipment and supplies and the lack of housing facilities are the main factors that are retarding the re-establishment of individual dental practices.

### Dental Supplies and Equipment

26. Survey of the principal factories for the manufacture of dental supplies and equipment shows that there are sufficient facilities to satisfy domestic consumption providing enough raw materials and fuel are obtainable. Mal-distribution of available supplies has been the cause of complaint.

### Practitioners

27. During November 295 dentists were re-established in practice.

## NURSING AFFAIRS

28. In the past three months there has been a definite trend toward raising the standards of nursing throughout Japan. Leaders are becoming aware of the importance of a standardized course of instruction for clinical as well as public health nurses.

29. There is a need for uniformity in prefectural examinations. Nursing personnel should compose part of the board.

30. A good public health text in Japanese is needed in order that students may not be entirely dependent on notes taken in class.

31. The Ministry of Health, Public Health Nurses Association, and the National Health Insurance Association sponsored a refresher course for Public Health Nurses. There were 46 prefectures represented by 250 nurses. The nurses who attended were supervisors of health centers, instructors of Public Health Nurses Training Schools and instructors of insurance nurses.

32. Some of the prefectures have held refresher courses for Public Health Nurses in their area.

### Nursing Association

33. An informal meeting of the Public Health Nurses' Association was held in Tokyo on 4 December 1945. A letter in the form of a petition was sent to the Ministry of Health asking permission for the nurses to have their own organization with nursing personnel at the head.

## MEDICAL SUPPLY

34. A critical shortage of typhus control supplies, particularly DDT and powder dusters has existed for the past month. Several small shipments of DDT arrived during the latter part of the month and limited stocks are now available for delousing. One substantial shipment of DDT is due in January and movement of 50,000 pounds by air from United States has been authorized. Additional shipments of DDT and powder dusters are enroute and when received will provide sufficient stocks of those items.

35. Import requirements of raw material for manufacture of medical supplies during 1946 was estimated as 3,000 metric tons. The estimate was based on the amount of medical supplies required to provide a minimum standard of medical care and treatment.



36. Informal reports indicate a slight increase in the production of medicines during December. High priority is being given to production of biologics, X-ray film and other items in short supply.

37. A reserve of medical supplies for civilian relief is being assembled from excess stocks in Pacific areas. The reserve will be held for immediate shipment upon call from this Headquarters.

38. Press reports and field inspections indicated shortages and mal-distribution of medical supplies. A directive was issued requiring the Japanese Government to place greater emphasis on the distribution of Japanese Army and Navy medical supplies.

39. Studies of the Japanese methods of distribution found that the existing system although complex was capable of moving supplies from producers and military depots to consumers. It was determined that current Japanese procedures could be utilized. Effective stimulation of medical supply distribution has been initiated through supervision and use of definite illustrative examples.

#### Stock Control

40. The Ministry of Health and Social Affairs is able to correlate production with requirements and stocks on hand through a system of prefectural health bureaus, wholesalers, associations of doctors and dentists, and other control and consultive agencies. The control is rigid and is maintained on approximately 500 medical supply items selected on the basis of their importance to the medical profession or because they must be imported.

41. Requirements are determined four times each year. Doctors, dentists, veterinarians and druggists report their quarterly needs through their respective district associations. The district figures are merged at the prefectural level by the respective associations for transmittal to the prefectural distribution control companies. These control companies consolidate district requirements with the needs of large prefectural hospitals which are not under district control and determine net requirements by taking into consideration stocks on hand at this level. The prefectural distribution control companies are analogous to wholesale distributors of medical supplies in the United States. The statements of net requirements are forwarded to the prefectural health bureaus for transmittal to the Ministry of Health and Social Affairs where their requirements are merged with those of large national hospitals outside of prefectural controls. This final compilation shows the stock requirements at the national level.

#### Distribution of New Production

42. Distribution of new production originates in the Central Medicine Control Company, Ltd., acting under the supervision of the Ministry. This concern authorizes shipment from manufacturers to the various national control companies. They store and distribute medicines and drugs other than home remedies.

43. Central agencies supply the large national hospitals and the prefectural wholesale organizations. Distribution to the hospitals is based on quantities set by the various national control companies and with the approval of the Ministry.

Prefectural wholesale organizations are supplied on the basis of previously submitted requirements; availability of stocks; population; and number of doctors, dentists and other dispensers. The Ministry is consulted and approves all such distribution.



44. Prefectural agencies supply the large hospitals not under district control and make distribution by district after consultation with the associations representing the prefectural doctors, dentists and pharmacists. Similarly the district associations are consulted for distribution by group and the group organizations for the final distribution to the various dispensing agencies.

It should be noted that although requirements originate with the dispensers that the distribution of stock is on a consultative arbitrary basis. Requirements are not requisitions.

45. Graph No. 27 shows receipts of selected controlled medicine items from manufacturers by the Central Control Company and distribution made by them to the prefectural level. The items selected are important to the medical profession and the graph indicates the condition of medical supply prior to and subsequent to the surrender.

#### Distribution of Japanese Military Medical Supplies

46. One of the most important current problems of medical supply is the distribution of returned Japanese Military medical supplies.

After Japanese Army and Navy medical stocks are inspected, narcotics impounded and supplies required by the Occupational Forces are withdrawn, the balance is turned over to the Home Ministry. The Ministry receipts for the stock and transfers it to the Ministry of Health and Social Affairs which is responsible for its distribution through normal civilian channels.

47. The prefectural health bureaus take physical possession of medical supplies and arrange to have them removed from depots and collection points. As the supplies are received in prefectural warehouses, an itemized inventory is accomplished and a report forwarded to the Ministry.

The Ministry immediately authorizes distribution of approximately 20 percent of the returned stock to civilian channels within the reporting prefecture. In making this arbitrary distribution consideration is given to the quantities available and the nature of the items involved. A consolidation has been made of all reports received to date; 40 prefectures out of 46 have reported. An analysis is being made to provide for a reserve amounting to approximately 30 percent of the total stock returned; the balancing of stocks between prefectures; and distribution of the balance of 50 percent into civilian channels.

48. A memorandum was dispatched to the Japanese Government on 20 December directing that movement of military supplies into civilian channels be expedited. It was indicated that necessary transport, labor and warehouses must be made available and that the objective was to see that the supplies were furnished to the ultimate user, the sick Japanese civilian.

#### Production

49. Production of medical supplies is generally on the increase. This Headquarters by close supervision is highlighting to the Japanese the items on which production should be accelerated. The chief obstacles to increased production in order of importance are lack of fuel, raw and semi-processed materials and equipment.

50. Medicine manufacture is hampered by chemical shortages especially organic chemicals.



51. Production of biologicals is far below requirements. Figures for four important items are:

<u>Product</u>	<u>Diphtheria Antitoxin</u>	<u>Diphtheria Toxoid</u>	<u>Smallpox Vaccine</u>	<u>Triple Typhoid Vaccine</u>
<u>Unit of measure</u>	<u>cc</u>	<u>cc</u>	<u>Vaccination</u>	<u>cc</u>
Production Sep 45	166,507	70,950	290,000	1,163,944
Production Oct 45	177,617	229,115	500,000	885,874
Production Nov 45	211,888	285,960	753,000	396,334
On hand 30 Nov 45	188,009	700,000	1,212,000	812,542

52. Penicillin manufacture is still in the experimental stage. The three plants in operation produced 168,000 oxford units in November and 152,000 in December. Three more plants are starting to produce penicillin.

53. Production of X-ray film was estimated to be one-third or less of the minimum requirements for Japan. The production was limited by lack of relatively minor amounts of fuel and raw materials. This situation was pointed out to the Ministry of Commerce and Industry with the result that sufficient materials are being allotted to triple production.

#### Narcotics

54. For violation of memorandum prohibiting manufacture of narcotics the Japanese Government reprimanded three Ministry of Health officials for lack of supervision, directed that a Tokyo-To official be reprimanded in accordance with Civil Service disciplinary punishment and reported that two officials at the Hoshi Medicine Manufacturing Company have been discharged.

55. Crude and semi-processed narcotics are being concentrated at the 29th Medical Depot in Yokohama and the Japanese Mint in Osaka by the EIGHTH and SIXTH Armies respectively. Most of such stocks in the Tokyo area have been removed. An additional 3,866.4 kg of raw opium located near Kobe was reported to the SIXTH Army.

#### LEGAL

#### Venereal Disease Control

56. In compliance with a directive of 16 October the Japanese Government issued its ordinance of November 22nd on venereal disease control. This was amplified by regulations and instructions applicable throughout Japan effective 1 December.

#### Japanese Ministry of Health and Social Affairs

57. The Japanese Cabinet announced a 50 percent reduction in government employees and ordered all Ministries to submit their plans for such reduction by 1 February 1946. After approval by the Cabinet enabling legislation will be passed and reduction will be in progress in March. It was apparent that the Ministry of Health and Social Affairs plans to cut horizontally, that is reduce by about one-half, regardless of whether personnel concerned are qualified technically or are general non-professional administrators.

58. On 18 December the Ministry was informally ordered to submit to this Headquarters the names and positions held by all



those considered for elimination; the list to reach this office prior to action. In addition conferences were begun on 31 December with various Ministry Officials to determine the exact functions and duties of each Bureau and Section and each member thereof.

### Professional Associations

59. On 4 December the Nurses Association of Japan met in Tokyo and directed a letter to the Minister of Health and Welfare requesting that the Association be freed of the government control imposed during the war and restored to the status of a self-governing organization.

The recent ordinance permitting members of the Medical and Dental Associations to elect their own officers did not include the Nurses Association.

### Medical Education

60. English translations have been secured of the Japanese Medical Practice Act and the related regulations. The increase in the number of medical graduates and corresponding lowering of standards for admission to practice have been the subject of numerous complaints by medical practitioners to this Headquarters.

### Control of Drugs and Biologicals

61. Investigations indicate that legislation controlling the quality and uniformity of drugs and biologicals is insufficient in some cases and non-existent in others.

## PREVENTIVE MEDICINE

### General

62. Population figures showing total population by region and prefecture have been obtained from the latest census. On the basis of these figures rates per thousand per annum have been derived and charts have been prepared indicating the rates and trends for the reportable communicable diseases over a five year period. Allowing for seasonal fluctuations, all of the diseases charted showed progressive increase during the five year period. Peaks were reached for all diseases either in 1944 or late summer of 1945.

63. Currently there are no epidemics of communicable disease if past prevalence of reportable communicable diseases are used as criteria. The normal disease prevalence in Japan approaches what would be considered epidemic incidence in the United States.

64. A study of official Japanese reports reveals comparative communicable disease rates per 10,000 population for 1944 and 1945 as follows:

#### PEAK RATES

<u>Disease</u>	<u>1944</u>		<u>Current Rate</u> <u>(First Two Weeks</u> <u>of Dec 45)</u>
	<u>1944</u>	<u>1945</u>	
Diphtheria	22.6 (Nov)	18.1 (Nov)	14.00
Dysentery	25.6 (Aug)	31.7 (Aug)	4.00
Epidemic Meningitis	0.45 (Apr)	1.80 (Mar)	0.10
Paratyphoid Fever	4.60 (Aug)	2.80 (Oct)	1.50
Smallpox	0.13 (May)	0.40 (Jun)	0.24
Typhoid Fever	15.20 (Aug)	16.90 (Sep)	9.00
Typhus Fever	1.30 (May)	0.87 (May)	0.15

No cases of cholera and plague reported.



Reports for typhus and smallpox; dysentery, typhoid and paratyphoid; and for diphtheria are shown in Charts No. 28, 29 and 30 respectively.

65. Demonstrations and instruction in the technique of de-lousing individuals by means of DDT insecticide powder were given to workers of the Tokyo Metropolitan Health Department.

66. The Imperial Japanese Government has been directed to treat all railway cars, certain ferries and other selected public conveyances assigned for the use of the occupational forces with DDT insecticide spray at monthly intervals. Regional car managers of the government railways are to obtain supplies and supervision from the military commands concerned.

67. A complete survey has been made of current information available as a result of Japanese research on Japanese B. encephalitis. Our present knowledge of this disease is limited and effective control measures are unknown.

68. Data were procured from the Institute of Tuberculosis Research at Kiyose regarding past and current work of the organization. These data were consolidated into a summary report.

#### Sanitary Engineering

69. Water supplies throughout the country are being restored gradually to prewar levels of quantity delivered and quality. In some areas this work, especially repair of distribution systems, has been progressing very slowly due to lack of some materials and to shortage of labor. Low wages normally paid municipal employees offer no incentive to the unemployed; it is stated that food is the only compensation in which the unemployed are interested. Reports on present status of public water supplies and reasons for any deficiencies present are now being collected from prefectures by the Ministry of Health and Social Affairs.

In public water supplies of the few cities where chemicals are locally available, chlorine dosages are being increased to make the water acceptable for direct consumption by occupational forces. Treatment is under the supervision of engineer water supply personnel.

70. Chlorine production for December increased somewhat over that for November but did not reach the previously estimated figure due to shortage of salt and coal. Arrangements were completed for the importation of salt from normal sources in China but shipments have not been received and existing stocks are rapidly being depleted.

71. Demonstration and instruction in operation of diatomite filters were given for officers and men of SIXTH and EIGHTH Armies interested in field water supplies for military forces. These filters are now being shipped to this area to replace the portable and mobile units. They will furnish protection against amoebic cysts and cercariae of schistosomiasis which is not provided by sand filters at the high rates of filtration used by the Army.

72. Disposal of wastes is being carried on in nearly normal manner. Additional trucks from Japanese sources have been assigned in two cities to relieve the shortage of transportation for removal of nightsoil.

73. Repair of required sections of sewage collection systems in the larger cities is reported as practically complete except for damaged pumping stations in Osaka. Inspections of sewage treatment



plants in Tokyo reveal a general lack of maintenance over a period of several years. It is believed that similar conditions exist in other cities and is due to lack of materials and supplies for upkeep of mechanical equipment and to shortage of labor. The Ministry of Health and Social Affairs is obtaining data on the present status of restoration of sewerage systems and treatment plants.

Conferences have been held with officials of the Ministry relative to the reinstitution of the educational program carried on before the war for construction of sanitary privies and storage vaults for nightsoil and for the general improvement of sanitary conditions.

74. Discussions have been held with Japanese officials for the development of a mosquito survey and control program in those areas where mosquito-borne diseases are endemic.

75. Sanitation in the railroad stations in all major cities in Japan has been improved. Those stations, which were formerly filthy and in which homeless and destitute individuals lived, were major health hazards. Under instructions from this Headquarters these vagrants have been moved elsewhere. The stations have been physically cleaned up and are now in a relatively sanitary condition. The principal cities involved were Tokyo, Yokohama, Nagoya, Kyoto, Osaka, Kobe and Shimonoseki.

#### Laboratory Activities

76. The program for establishing standards of laboratory procedure for the diagnosis of venereal disease was put into effect early in the month together with the first of a succession of refresher courses for public health officers engaged in laboratory diagnosis of venereal disease. This course and the organization of techniques were carried out at the Government Institute for Infectious Diseases, Tokyo, with a part of the field work at the Yoshiwara Hospital. Laboratory officers and technicians of Occupation Force military hospitals serve as control observers on performance.

77. The medical examiner program initiated in late November became operative in the Tokyo area. Deaths among vagrants, which had been ascribed by the Japanese to undernutrition, have been more completely investigated with autopsies being performed when indicated. Underlying infectious disease, particularly tuberculosis or pneumonia, has been found to be the cause of death.

78. Further inspection was made of important manufacturing laboratories producing urgently needed vaccines and sera and production data were collected and analyzed. A number of production bottlenecks was uncovered. Certain diagnostic laboratories were investigated as part of the general survey.

#### Nutrition Activities

79. On 11 December 1945 a memorandum was issued by this Headquarters to the Imperial Japanese Government directing the institution of nutrition surveys among the civilian population of Japan under supervision of this Headquarters. The purpose of these surveys was to provide factual information on the nutritional health and actual food consumption of the Japanese people.

80. A nutrition survey was conducted in the city of Tokyo from 15 to 24 December. The study consisted of two parts: physical examination and dietary intake determination. Employed in the survey were 65 physicians, 140 nutritionists and 200 clerical workers.



Examinations were made on a 1.2 percent sample of the population in each of the 35 Ku's or Districts of Tokyo. These samples were selected on the basis of age, sex, occupation and economic status using 1 November 1945 census figures and included 33,000 persons. The dietary data were obtained by having each nutritionist visit the home of 10 families selected on the statistical sampling basis in each Ku and obtain a record of all food eaten over the preceding three day period by each member of the family. A total of 2,777 households were surveyed.

A preliminary survey is being made in order to select rural areas of the same approximate population as the urban areas of Tokyo in order to obtain comparable data on the relative nutrition of urban and rural population.

#### Venereal Disease Control

81. As of 15 December the directive to the Ministry of Health and Welfare requiring the reporting of venereal diseases has been complied with by nine prefectures. The number of cases reported has not yet reached significant proportions.

The demonstration-examination-treatment project in Tokyo has been fully established with the completion of a two week course of training in laboratory methods for clinicians under the auspices of the Government Institute for Infectious Diseases.

82. No improvement has been noted in the supply of anti-venereal disease drugs. Production of penicillin is still in the experimental stage. Types and quantities of bismuth and arsenical compounds are inadequate to meet current needs.

#### Port Quarantine Service

83. An extended inspection of repatriation ports and centers was made by representatives of this Headquarters accompanied by Chief of Port Quarantine Section of the Ministry of Health and Social Affairs. The following installations were visited:

Kure, including Ugina, Ninoshima and Otake

Kagoshima-Kajiki, Sasebo, including Uragashiro and Horio

Moji-Tobata and Maizuru

With the exception of the two last named centers which were not in operation, the above installations were found to be in good working condition and adequately staffed.

A new repatriation center at Tanabe (Wakayama) is now being set up.

#### Population Statistics

84. The Japanese Government has released the data from the 1 November 1945 census. The population of Japan proper was reported as 71,996,477. The census of 1 October 1940 gave the population for the same area as 72,354,670.



The population data by District and Prefecture is listed in the following table.

POPULATION OF JAPAN, 1945 and 1940 CENSUS a/

	<u>1 Nov 1945</u>	<u>1 Oct 1940</u>
HOKKAI DISTRICT	3,518,389	3,272,718
HOKKAIDO	3,518,389 <u>b/</u>	3,272,718
TOHOKU DISTRICT	8,268,023	7,164,674
AKITA	1,211,962	1,052,275
AOMORI	1,083,250	1,000,509
FUKUSHIMA	1,957,356	1,625,521
IWATE	1,227,789	1,095,793
MIYAGE	1,461,316	1,271,238
YAMAGATA	1,326,350	1,119,338
KANTO-SHINETSU DISTRICT	19,754,583	21,304,250
CHIBA	1,766,873	1,588,425
GUMMA	1,546,031	1,299,027
IBARAKI	1,944,573	1,620,000
KANAGAWA	1,865,667	2,188,974
NAGANO	2,120,950	1,710,729
NIIGATA	2,389,653	2,064,402
SAITAMA	2,047,090	1,608,039
TOCHIGI	1,546,355	1,206,657
TOKYO	3,488,284	7,354,971
YAMANASHI	839,057	663,026
TOKAI-HOKURIKU DISTRICT	9,831,975	9,228,504
AICHI	2,857,338	3,166,592
GIFU	1,518,649	1,265,024
ISHIKAWA	887,510	757,676
MIE	1,394,286	1,198,783
SHIZUOKA	2,220,358	2,017,860
TOYAMA	953,834	822,569
KINKI DISTRICT	10,528,105	12,577,357
FUKUI	724,856	643,904
HYOGO	2,821,892	3,221,232
KYOTO	1,603,797	1,729,993
NARA	779,685	620,509
OSAKA	2,800,958	4,792,966
SHIGA	860,911	703,679
WAKAYAMA	936,006	865,074
CHUGOKU DISTRICT	6,230,132	5,718,434
HIROSHIMA	1,885,471	1,869,504
OKAYAMA	1,564,626	1,329,358
SHIMANE	860,275	740,940
TOTTORI	563,220	484,390
YAMAGUCHI	1,356,540	1,294,242
SHIKOKU DISTRICT	3,836,378	3,337,102
EHIME	1,361,484	1,178,705
KAGAWA	863,553	730,394
KOCHI	775,578	709,286
TOKUSHIMA	835,763	718,717
KYUSHU DISTRICT	10,028,892	9,751,631
FUKUOKA	2,746,855	3,094,132
KAGOSHIMA	1,538,466 <u>c/</u>	1,404,408 <u>c/</u>
KUMAMOTO	1,556,351	1,368,179
MIYAZAKI	913,687	840,357
NAGASAKI	1,318,589	1,370,063
OITA	1,124,513	972,975
SAGA	830,431	701,517
JAPAN PROPER - TOTAL	71,996,477 <u>a/</u>	72,354,670 <u>a/</u>



a/ Excludes Okinawa Ken and Oshima Gun of Kagoshima Ken

b/ Excludes Kurile Islands

c/ Excludes Oshima Gun

85. Six of the eight districts and 38 of the 46 prefectures show an increase in population (Map No. 31). The Kinki and Kanto-Shinetsu Districts lost in population. Five of the six largest cities in Japan are located in these two districts.

The population movement from 1940 to 1945 was largely from the large urban areas and is shown in the following table:

POPULATION SHIFT IN LARGE URBAN AREAS

City	(Prefecture)	City Only		Prefecture Population (less city)	
		1945	1940	1945	1940
Tokyo	(Tokyo-To)	2,780,000	6,790,000	708,000	565,000
Osaka	(Osaka)	1,100,000	3,250,000	1,701,000	1,543,000
Nagoya	(Aichi)	600,000	1,330,000	2,257,000	1,837,000
Kyoto	(Kyoto)	870,000	1,090,000	734,000	640,000
Yokohama	(Kanagawa)	620,000	970,000	1,246,000	1,219,000
Kobe	(Hyogo)	380,000	970,000	2,442,000	2,251,000

A comparison of the census data from the six largest cities shows that population decreases ranged from 20 to 60 percent. The portion of the prefecture outside of each of these cities showed an increase in population during this same period.

86. The distribution of population by sex is reported as follows:

	<u>1 Nov 1945</u>	<u>1 Oct 1940</u>
Male	33,894,643	36,210,096
Female	<u>38,101,834</u>	<u>36,144,574</u>
Total	71,996,477	72,354,670

#### Population Trends

87. Relief and welfare authorities report that the present trend of movement is back to the cities in those metropolitan areas in which rebuilding is progressing.

The total population increased by approximately 180,000 during November and December. This increase represents the difference between the 468,000 Chinese, Formosans, Koreans and Ryukyans repatriated from Japan and the 652,000 Japanese returned to the Home Islands during the period. Repatriation activities during this period resulted in an average weekly increase in population of 20,500.



